Effective on 12/08/2004. *Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818)* **FEE TRANSMITTAL For FY 2005**	***Complete if Known***	
	Application Number	09/470,204
	Filing Date	December 22, 1999
	First Named Inventor	SATOSHI NISHIKAWA ET AL.
☐ Applicant claims small entity status. See 37 C.F.R. 1.27	Examiner Name	Thierry L. Pham
	Art Unit	2624
TOTAL AMOUNT OF PAYMENT ($) 0.00	Attorney Docket No.	00862.003177

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 06-1205   Deposit Account Name: **Fitzpatrick, Cella, Harper & Scinto**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 C.F.R. 1.16 and 1.17

☐ Charge fee(s) indicated below, **except for the filing fee**

☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES Fee ($)	FILING FEES Small Entity Fee ($)	SEARCH FEES Fee ($)	SEARCH FEES Small Entity Fee($)	EXAMINATION FEES Fee($)	EXAMINATION FEES Small Entity Fee($)	Fees Paid ($)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____

2. EXCESS CLAIM FEES

Fee Description	Fee($)	Small Entity Fee($)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee ($)	Fee Paid ($)	Multiple Dependent Claims	
__6__ - 20 or HP = __0__ x __0__ = __0__				Fee($)	Fee Paid ($)

HP = highest number of total claims paid for, if greater than 20

__0__   __0__

Indep. Claims	Extra Claims	Fee($)	Fee Paid ($)
__4__ - 3 or HP = __0__ x __0__ = __0__			

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE
If the specification and drawings exceed 100 sheets of paper, the application size fee due is $250 ($125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee ($)	Fee Paid ($)
_____ - 100 =	_____ / 50 =	_____ (round up to a whole number) x	_____ =	_____

4. OTHER FEE(S)

Fees Paid ($)

Non-English Specification, $130 fee (no small entity discount)   _____

Other: _____   _____

SUBMITTED BY

Signature	*HHD*	Registration No. (Attorney/Agent) 55,112	Telephone 202-530-1010
Name (Print/Type)	Michael J. Didas		Date: August 30, 2005

00862.003177

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	Examiner: Thierry L. Pham
SATOSHI NISHIKAWA ET AL.)	Group Art Unit: 2624
Application No.: 09/470,204)	Confirmation No.: 5888
Filed: December 22, 1999)	
For: PRINTING CONTROL SYSTEM) FOR SEPARATION PRINTING :	August 30, 2005

Mail Stop AF
Commissioner For Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AFTER FINAL REJECTION

Sir:

In response to the Office Action dated July 26, 2005, Applicants submit the following amendments and remarks.